

EASTERN MISSOURI PSYCHIATRIC HOSPITAL SYSTEM

EMPLOYMENT APPLICATION

Metropolitan St. Louis Psychiatric Center

5351 Delmar Blvd.
St. Louis, MO 63112
314-877-0636 TDD 314-877-0775
FAX 314-877-0639

St. Louis Psychiatric Rehabilitation Center

5300 Arsenal St.
St. Louis, MO 63139
314-644-8038 TDD 314-644-7945
FAX 314-644-8042

Hawthorn Children's Psychiatric Hospital

1901 Pennsylvania Ave.
St. Louis, MO 63133
314-512-7800 TDD 314-512-7593
FAX 314-512-7812

Please answer all questions to be considered for employment.

FEDERAL & STATE LAWS PROHIBIT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, HANDICAP OR PREGNANCY, AND ALSO PROHIBIT DISCRIMINATION AGAINST VIETNAM ERA VETERANS.

Name: Last			First	Second	Social Security Number
Address: Street		City	State	Zip Code	Day Phone Cell Phone Evening Phone

Position(s) for which you are applying _____

Hours Per Week Preferred ___ 40 per week ___ 20-30 per week ___ under 20 ___ weekend work

Shift Preferred for Client Care: ___ Days ___ Evenings ___ Nights Hospital(s) willing to work at: ___ Delmar ___ Arsenal ___ Pennsylvania

Salary Required	Date Available	
In case of Emergency Notify, Name & Phone	If not a citizen of this country, give current visa status	Work Visa Expiration Date

The Department of Mental Health prohibits nepotism (working under the supervision of relatives) conflict of interest and conflicting employment for its employees.
List names of relatives or friends working at for any of our three locations. State name, relationship, & facility.

SCHOOL NAME	SCHOOL LOCATION	GRADUATE	DEGREE	MAJOR OR HOURS
Elementary		<input type="checkbox"/> Yes <input type="checkbox"/> No		
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you work for another Missouri State Agency? Yes or No _____ If yes, Where _____ If yes, Job Title _____
WE CANNOT HIRE YOU FULL TIME WHILE YOU ARE STILL ON THE BOOKS AS FULL TIME AT ANOTHER MISSOURI STATE AGENCY.

Have you ever worked for another State Agency? Yes or No _____ If yes, Where _____ If yes, When _____

Have you ever been convicted of a felony or misdemeanor other than a traffic violation? Yes or No _____

If the answer is "yes" you may be asked to explain. A record of conviction does not necessarily disqualify the applicant from employment consideration; however, intentional omission of facts or misstatements may result in refusal of employment or dismissal at any time thereafter. We cannot hire applicants who have been convicted of felonies against persons.

WORK RELATED LICENSE

Type of License	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>	MO License Number	Licensed in Other States?	If yes, what State(s)? License #'s for each state
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Name of Current or Last Employer		Address		
Supervisor, Title, Phone Number	Position	Salary	From - Month & Year	To - Month & Year
If still employed, may we contact your present employer? Yes or No?				
Description of Duties				
Reason(s) for Leaving				

Name of Employer		Address		
Supervisor, Title, Phone Number	Position	Salary	From - Month & Year	To - Month & Year
Description of Duties				
Reason(s) for Leaving				

Name of Employer		Address		
Supervisor, Title, Phone Number	Position	Salary	From - Month & Year	To - Month & Year
Description of Duties				
Reason(s) for Leaving				

Why would you make a good employee?

<p>I certify that the answers provided above are accurate to the best of my knowledge and belief. I am aware that failure to complete this application, intentional omissions, or misstatements may result in refusal of employment or discharge. I hereby authorize any former employer to furnish the Eastern Missouri Psychiatric Hospital System (EMPHS) with any or all information concerning my previous employment and hereby release any former employers from all liability for any damages in furnishing such information. I authorize EMPHS to verify all information contained on this application including my work history with all past employers, policy records, etc., as it may pertain to my possible employment. I also agree that if employed by EMPHS, any and all information regarding my employment may be given to future employers and do hereby release EMPHS from any and all liability or damages whatsoever in furnishing such information.</p> <p>I hereby acknowledge that I have read the above statement and understand it.</p>		<p>DRUG TEST REQUIRED.</p>
Signature of Applicant	Date	

For Hiring Manager ONLY				
Job Title _____	Work Area _____	Org # _____	TK _____	
Pos. Code _____	% _____	Shift _____	Days Off _____	
Salary _____	Hire Date _____	Work Hours if Irregular _____		
___ Original probationary ___ 90 day emergency ___ Unclassified (90 day temp. ___ or up to 49% ___) ___ Re-hire ___ Transfer in				
Signature of Manager _____		Date _____		

Optional for Human Resources Dept. ONLY				
Fed Tax _____	State Tax _____	W4 _____	County code _____	RDO Code _____
Pay code _____	Eligible for Benefits _____	Handbook _____	ID _____	Fingerprinted _____ Certificate # _____
Remarks _____				